N. B.

	County	Œ	all	,A	, F	Registration Dist. No	95
	Village or City		-		No	give its NAME instead of st	St., Wa
2	Length of residence in	Racho	Production occurred.	line (	ds. How long in U.S. If of fore	ign birth? yrs	mos
	(a) Residence: No.	1	(Usual place	of abode)	St.,Ward.	If nonresident give city or t	town and State
	PERSONAL A	ND STATIST	TICAL PARTI	CULARS		TIFICATE OF DE	
	sex 4. co	LOR OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	onth) (Day)	, 193 <u>/</u>
5a.	If married, widowed, or d HUSBAND of (or) WIFE of	vorced			I—	ERTIFUM hat V	
6. I	DATE OF BIRTH (month,	day, and year)	the Law ada	:1847	I last saw h M alive on M	7,10 / 07	19.34: death is
7. /	AGE Tears	Months	Days	If LESS then I day,hrs.	to have occurred on the date stated abo The PRINCIPAL CAUSE OF DEATH and		/
-	8. Trade, profession, or		1/	ormin.	were es follows:	7	Date of on
0	8. Trade, profession, or kind of work don SAWYER, BDDKK		touse he	oper	Chromo ////	reardes	193
OCCUPATION	9. Industry or business work was done, a SAW MILL, BANK	s SILK MILL,	oun	home		••	
000	10. Date deceesed last verbls occupation (region)	orked at . >	11. Total t	ima (years) nt in this upation			
12.	BIRTHPLACE (city or tow (State or country)	n) new	- Jerses	7	Other Contributory Causes of importance	0:	و العاد بالدور
IER	13. NAME Jol	in swe	sley a	stle	(artinime of	Melum	1/9-3
FATH	14. BIRTHPLACE (city or (State or country		Eng	land	Name of operation	D	Date of
ER	15. MAIDEN NAME	Mary	Brigg	le_	Whet test confirmed diagnosis?23. If death was due to external causes (\		
MOTH	16. BIRTHPLACE (city or (State or country		1 kg	ngland	Accident, suicide, or homicide?		
17.	INFORMANT EST	her Jy	son	đ.	(S Specify whether injury occurred in IND	Specify city or town, county USTRY, in HOME, or in PUI	and State) BLIC PLACE.
18.	BURIAL, CREMATION, OR Place Calve	TRUSEL C	into for	( f 19.3.4	Manner of injury		••••••
19.	UNDERTAKER	8.E.	Tyson	,	24. Was disease or injury in any way rela	ated to occupation of decea	ised?
_	(Address)	sing si	she !	nd.	If so, specify	7 6.11	
	FILED / TO		A A		(Signed)	V 1104	N

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Dete of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
	11			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND-CERTIFICATE OF DEATH infor-OCCUPA 1. PLACE OF DEATH Jo County Ceca should Registration Dist. No. item Village or City Outrides of (If death occurred in a hospital or institution, give its NAME instead of street and number) O mos. \_\_\_\_\_ds. How long in U.S. if of foreign birth? yrs. mos. ds. statement PHYSICIAN 2. FULL NAME RECORD. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) nouseu (Month) (Day) (Year) assified. BINDING 5a, If married, widowad, or divorced HUSBAND of CERTIFY. That I attended deceased from (or) WIFE of 田 6. DATE OF BIRTH (month, day, and year) certificate 7. AGE Years Months Days If LESS than to have occurred on the date stated abova, at \_\_\_\_\_ properl The PRINCIPAL CAUSE OF DEATH and related causes of importance or\_\_\_\_min. were as follows: Date of onset 8. Trada, profession, or particular NO kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.\_\_\_ RESERVED Jo OCCUPAT 9. Industry or business in which work was done, as SILK MILL, back may should SAW MILL, BANK, etc ... 10. Date daceased last worked at 11. Total time (years) uo this occupation (month and that GE occupation .... instructions Other Contributory Causes of importanca 12. BIRTHPLACE (city or town) RGIN (State or country) supplied. terms, HER 13. NAME FATI See 14. BIRTHPLACE (city or town) ain (State or country) What test confirmed diagnosis? \_\_\_\_\_ Was there an au'opsy? carefully d MOTHER 15. MAIDEN NAME important. 23. If death was due to external causes (VIOLENCE) fill in also the following: in Accident, suicide, or homicide?\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_ 19\_\_\_\_\_ DEATH 16. BIRTHPLACE (city or town) (Stata or country) Where did injury occur?\_\_\_\_ pe (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE plnous 17. INFORMANT. OF (Address) 18. BURIAL, CREWATION, OR REMOVAL Manner of injury mation AUSE Nature of injury. TION 24. Was disaase or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify B Registrar. If more Wanks of seeded. N Marles Street, Baltimore, Requesting V. S. No. 1.

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Example I	i ii	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 wcek ago
Chronic interstitial nephritis	.1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
4: 1:3:= 3: 3: 3: 3:			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

may returns bicause

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronie interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
	(2/0m) 112.3
County Calcy	Registration Dist. No.
	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Charles Camund Co	lefton
(a) Residence: No. $\mathcal{N}.\mathcal{F}.\mathcal{D}.$	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX \ 4. COLOR OR RACE   5. SINGLE MARRIED WIDOWED.	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH November 3, 193 4
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  Mary L. Clifton	22. I HEREBY CERTIFY, Thet I attanded deceased from
6. DATE OF BIRTH (month, day, and yeer) Since 18 1884	lest saw h
6. DATE OF BIRTH (month, day, and yeer) June 18 1884  7. AGE Years   Months   Deys   If LESS than	to have occurred on the date stated above, at 11.15 fe.m.
60 // 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were es follows: Compound tracture of Date of onest
8. Trede, profession, or particular kind of work done, as SPINNER, farm labor SAWYER, BDOKKEEPER, etc.	b. oc
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. farm labor  9, industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.	suite to see the
My, industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.	musianiaments atalia,
10. Date daceasad last worked at this occupation (month and ) 11. Total tima (years) spent in this occupation defe	
12. BIRTHPLACE (city or town) Chesapeake City had	Dther Contributory Causes of importence:
13. NAME Storge W. Clifton  14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation
(State or country) Manyland.	What test confirmed diagnosis? Was there an autopsy? ho
15. MAIDEN NAME Cedelaide Plummer	23. If deeth wes due to external ceuses (VIDLENCE) fill in eiso the following:
16. BIRTHPLACE (city or town) (State or country)  Manyland	recording strength of the stre
17. INFORMANT Mrs. Adelaide Colifton (Addrass) J. J. Chesapeake Cent Mrd.	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Bethel Cemetery Date no 6, 1934	Manner of injury struck by automobile while  Neture of injury walking on highway.
19. UNDERTAKER To W. Pitking (Address) Elkton md	24. Was disease or injury in any wey releted to occupation of daceased?
20. FILED "/ 6 , 1924 B. H. Brown Registrar.	(Signed) I. Wohny trager levrones M. D.  (Addrass) Elseton md
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 112:24
1. PLACE OF DEATH	<b>3</b>
County	Registration Dist. No. 45
Village or City / Cloury & un	No. St., Ward
	f death occurred in a horpital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?dsds.
2. FULL NAME Samuel 2. Doale	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX   4. COLOR OR RACE   5. SINGLE. MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
male White OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Dey)  (West)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY, That i attended deceased from
6. DATE OF BIRTH (month, day, end year) NOV, 25 1861	liast saw hours alive on 13 - 1936 death is sain
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at \$3.6 m.
72 11 22 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8 Trade profession or particular	Loance Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	of the seapulated
9. Industry or business in which work was done, as SILK MILL, Plasters. SAW MILL, BANK, etc.	diole 8
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9.Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date decesed last worked at this occupation (month and year)  11. Total time (years) spant in this occupation.	Myvearelle
12. BIRTHPLACE (city or town) Romlandsville	Other Contributory Causes of importence:
(State or country) mg.	
13. NAME W Wan Soll	Name of operation
(State of country)	What test confirmed diagnosis and was there an au'opsy?
15. MAIDEN NAME Hannah look	23. If death was due to external causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
17. INFORMANT Mrs. Harry Sun. md.	(Specify city or town, county and State) Specify whether injury occurred in industry, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Mast nothing an Date not 21, 1934	Nature of injury
19. UNDERTAKER C. J.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 10 V., 20 19 34	(Signed) (Signed) M. U
Registrar.	(Address)

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones Total	May 1,1923	Gastroenteritis	1 year
N. A.			-0

STATE OF	MARYL	AND-CERT	FICATE	OF	DEATH
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-6	4	4	· d	2 9	

1. PLACE O	F DEATH			17)
County	Cecil			Registration Dist. No. 96
Village or C	ity Perry P	oint, Ma	ryland,	No. Veterans Administration Tacility St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rest	dence in city or town where	death occurred	7yrs5mos	7 ds. How long in U.S. if of foreign birth?mosds.
2. FULL NA	MESimmo	na DAVIS		
(a) Residen	ce: No. Martins	(Usual place	inginia of abode)	St., Ward.  If nonresident give city or town and State
PERSON	IAL AND STATIST	ICAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX	4. COLOR OR RACE white	OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH  November (Month) 29 (Year)
5a. If married, widow HUSBAND of (or) WIFE of			W.TE	22. I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	(month, day, and year)	April 20	1807	June 21 , 19 27 to Nov. 29 , 19 34    I last saw him alive on Nov. 29 , 19 34 ; death is said
7. AGE Yea		Days	If LESS than	to have occurred on the date stated above, at
35	7 7	8	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importance
8 Trade, profes	ssion, or particular vork done, as SPINNER, BDOKKEEPER, etc	Clerk		Bronchial pneumonia 11-23-34
9. Industry or	business In which s done, as SILK MILL, L, BANK, etc	Railway		
	ed last worked at pation (month and	spe	ime (years) nt in this upation	
12. BIRTHPLACE (cit (State or cour		nia		Other Contributory Causes of Importance:Encephalitis-lethargica,pro
13. NAME	J. T. Day	ris		
14. BIRTHPLACE (State or	(city or town)Rec	l Creek,	ya.	Name of operation.  What test confirmed diagnosis? aboratory Reference an autopsy?
15. MAIDEN NA	ME Madinda	(Davis)		23. If death was due to external causes (VIOLENCE) fill in also the following:
	(city or town)	eed Creek	, va.	Accident, suicide, or homicide? Date of injury, 19
17. INFDRMANT	Hospital Perry Pou	1 - 1	•	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL GREMAT		-	1. 31,1934	Manner of injury
19. UNDERTAKER		INCTON &	SONS,	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED	30 ,134 Kleu	rles W	Morrison Mp. Registrar.	(Signed) L. E. TRENT, M.D., Clinical Direction (Address) Veterans duministration Facili

B

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the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5, 1927	Peritonitis , ,	3 days ago		
ff 20 ten					
Other contributory causes of importance:		Other contributory causes of importance:	Prog/E		
Gallstones	May 1,1923	Gastroenteritis	1 year		
		1,-,-			

STATE OF	MARYL	AND-CERTIFICATE	OF	DEATH	
			-		

1. PLACE	OF DEATH			(158)	
County_	Cecil			Registration Dist. No.	92
Village o	or City Elkton	nud.	(Delsid		t Ward
				death occurred in a horpital or institution, give its NAME instead of stree	et and number)
Length of	residence in city or town wher	e doath occurred	yrsmos	ds. How long in U.S. if of foreign birth?yrs	ds.
2. FULL N	NAME Price	all)	Err	rett	
(a) Resid	dence: Np.	(Usual place		St., Ward.  If nonresident give city or tow	10.
PERSO	ONAL AND STATIS			MEDICAL CERTIFICATE OF DEA	
3. SEX	4. COLOR OR RACE	-	RIED, WIDOWED,	21. DATE OF DEATH 5	- > 1
m	115	OR DIVORCE	D (write the word)	nov 9"	193
5a. If married, wi	dowed, or divorced	- Marie	-	(Month) (Day)	(Year)
(or) WIFE o	of f	Heino Se		22. Oct 21 1934, to 2000	ended deceased from
6. DATE OF BIRT	TH (month, day, and year)	sust 1	3-1938	I last saw here alive on Des 9 15	death is said
7. AGE	Years Months	Days	If LESS than	to have occurred on the date stated above, at 3.2.m.	
	2		I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, pt	rofession, or particular		1 01 == = = = = = = = = = = = = = = = =	THE BY TOTIONS.	Oate of onset
SAW)	of work done, as SPINNER, YER, BODKKEEPER, etc			maranus	1924
9. Industry Work SAW 10. Date dec	or business in which was done, as SILK MILL, MILL, BANK, etc	22			
SAW SAW					
11113 0	eased last worked at occupation (month and	spe	ime (years) nt in this		1
year)		000	upation	Other Contributory Causes of importance:	
12. BIRTHPLACE	(city or town)	-	<u></u>		
(State or	country)	ma	~	deficient Caleum	
13. NAME	muly	und Es	carell	metabolism	
13. NAME	ACE (city or town)		1	Name of operation Dat	te of
(2191	e or country)	ree	~	What test confirmed diagnosis? Was the	re an autopsy?
15. MAIDEN 16. BIRTHPL	NAME Market	in Far	ugford	23. If death was due to external causes (VIOLENCE) fill in also the fo	llowing:
16. BIRTHPL	ACE (city or town)	8	00	Accident, suicide, or homicide? Date of Injury	, 19
∑ (State	e or country)	De		Where did injury occur?	
17. INFORMANT	Much	of Ecc	rell	(Specify city or town, county a Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBL	nd State) IC PLACE.
(Address)	Elki	an o	7,0		
18. BURIAL, CRES	MATTON, OR REMOVAL	. 1		Manner of Injury	
Place_	neway or	Date Date	16,193 C	Nature of injury	
19. UNDERTAKER	18.7	J		24. Was disease or Injury In any way related to occupation of decease	nd?
(Address)			mel	If so, specify	
no	r10- 340	Bunes	Trace and	(Signed) /allace on to live	O NO
20. FILED	, 1907	July 1	Registrar,	(Address) new for a 10	200
THE RESERVE AND ADDRESS OF THE PARTY OF THE			/		- Co

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	the state of the s	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Ccrebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH.	92:00
County Classiff	Registration Dist. No.
Village or City 1818 Mel sant St.	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 9 yrs mos	
2. FULL NAME Spall Haw	Terus
(a) Residence: No. JANA (Usual place of abode)	Ast, Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED Swrite the word of	21. DATE OF DEATH TOSMULEV 31 193 4 (Year)
5a. If marriad, widowed, or divorced THUSBAND of Cor) WIFE of AMMILE Haw Value	22. Not HEREBY CERTIFY That I attended deceased from 1934, to 200-2019 3 K
6. DATE OF BIRTH (month, day, and year www.buoww/185	A last saw hav alive on 20 - 20 ,193 4, death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
8 Trade profession or particular	Mera as follows:  Date of onset  1944
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.  10. Dato deceased last, wested at this occupation which and this occupation with and	Chrone Endocordition 194
10. Date deceased last wested at this occupation (mainly and year)	Other Contributory Causes of importance;
12. BIRTHPLACE (city or town) Wy WWW (State or country)	
13. NAME arest hunlaft	
13. NAME AND Mulafu  14. BIRTHPLACE (city or town)  (State or country)	Name of operation Date of
	What test confirmed diagnosis? Was thera an autopsy?
15. MAIOEN NAME LE CONTOUR  16. BIRTHPLACE (city or town) Malagramm	23. If daath was due to external causes (VIOLENCE) fill in also tha following:  Accident, suicide, or homicide?
State of country)	Where did injury occur?
17, INFORMANT CANAL TOURS, OF BUT (Address) Control to Mantilla, OF BUT	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, ON REMOVAL Place of Alsbury Company Control (24, 1934)	Mannar of injury
19. UNDERTAKES LE A. Patterson (Addrass) Pennyerile, MA	24. Was disease or injury In any way related to occupation of deceased?
20. FILED 11/24, 18/34 Lo. F. Janders.  Registrar.	(Signed) (Address) And Elevant Man.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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li li	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	
RECORD. Ev	Y. PHYSICL	Exact statem	
PERMANENT	EXACTL	rly classified.	ate.
-THIS IS A	ald be stated	ay be proper	ick of certific
ADING INK-	d. AGE shot	s, so that it m	ructions on ba
WITH UNE	refully supplie	in plain terms	TION is very important. See instructions on back of certificate.
E PLAINLY,	should be car	E OF DEATH	is very import
N. BWRIT	mation	CAUSI	TION

County Ciliage or City Ciliage	SIAIL (	JF MARYLAND—	CERTIFICATE OF DEATH
Village or City College of City College or Cit		WITHOUT OFFICEATE LINE	62
Length of residence in city or town where death occurred  VIS. mos.  d. How long in U.S. If or lorging birth?  VIS. mos.  d. How long in U.S. If or lorging birth?  VIS. mos.  d. How long in U.S. If or lorging birth?  VIS. mos.  d. How long in U.S. If or lorging birth?  VIS. mos.  d. Households give city or town and State  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR PRACE  S. SINCLE MARRIED, WIOOWED,  OR DIVERGED (Complete word)  5. If married, widowed, or diverced  HUSSAND of Order of the Complete word of Ordy birts of the Color of	County led		Registration Dist. No.
2. FULL NAME  (a) Residence: No. (Usual place of abods)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OBTAGE  5. SINCLE MARRIED, WHOOMED, OR DIVERGED (enryleth word)  56. IT married, widowed, or diverced (on) wife of		' //	
(a) Residence: No. (Unual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  J. SEX  4. COLOR OR RACE OR DIVOKCED (oning-the world)  S. I'll married, wildowed, or divorced (on) by the color of the	Length of residence in city or town where	death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
It nonesident give city or town and State	2. FULL NAME	Stillborn of	rlow
2. I HERERY CERTIFY. That I attended degassed from (Month) (Dey) (West)  22. I HERERY CERTIFY. That I attended degassed from (Month) (Dey) (West)  23. I HERERY CERTIFY. That I attended degassed from (Month) (Dey) (West)  24. I HERERY CERTIFY. That I attended degassed from (Month) (Dey) (West)  25. If HERERY CERTIFY. That I attended degassed from (Month) (Dey) (West)  26. DATE OF BIRTH (month, day, and year) (Month) (Dey) (West)  27. AGE Years (Months) Days (If LESS than I last saw h. Los silve on . 24 J. 19.2 Y deeth is said to heve occurred on the data basis to heve occurred on the data stated above, at // m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date clonest this occupation (month end your paper) occurred in his occupation (month end your paper) occurred in his occupation of the Costributory Ceuses of Importance:  21. BIRTHPLACE (city or town) (State or country)  22. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide? Date of injury.  23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide? Date of injury.  Place Date of injury occurred in HDUSTRY, in HOME, or in PUBLIC PLACE.  (Raddress) (Address)  24. Was these or injury in any way talted to occupation of deceased?  If so, specify city or town, occurred in house occurred in the paper occ	(a) Residence: No.	(Usual place of abode)	
OR DIVERED Compethe word  (Nonth)  (Day)  (Vest)  (Vest)  183  (Vest)  104  (Nonth)  (Day)  (Vest)  105  (Addeess)  I HEREBY CERTIFY. That I stlended degreed from the date stated above, at //	PERSONAL AND STATIST	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
56. DATE OF BIRTH (month, day, and year)  7. AGE  8. Trade, profession, or particular kind of work done as SPINNER, SAVER, BOOKKEPER, etc.  10. Date Geoscaph less wanted at years was deepended and the same strength of t	3. SEX 4. COLOR OF RACE Whete	OR DIVORCED (with the word)	Morenter 25 1934
S. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than 1 day,	5e. If married, widowed, or divorced HUSBAND of		
T. AGE  Years  Months  Days  If LESS than 1 day,	An An		
8. Trade, profession, or particular were as follows:  9. Industry or business in which work of the control of t	6. DATE OF BIRTH (month, day, and year)	wenter 25-1934	I last saw h. La alive on 221- 1934; deeth Is said
8. Frade, profession, or particular kind of work done as SPINENR, SAWER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SPINENR, SAW MILL, BANK, etc.  10. Date donest skind of work done as SPINENR, SAWER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased lest worked at this occupation (month end years) spont in this occupation.  12. BIRTHPLACE (city or town) Unit in June 11. Total time (years) spont in this occupation.  13. NAME John Fletcher As John June 11. Total time (years) spont in this occupation.  14. BIRTHPLACE (city or town) Makey January June 11. Total time (years) spont in this occupation.  15. BIRTHPLACE (city or town) Makey January June 11. Total time (years) spont in this occupation.  16. BIRTHPLACE (city or town) Makey January June 11. Total time (years) spont in this occupation.  17. INFORMANT Jule Jule Jule Jule Jule Jule Jule Jule	7. AGE Years Months	Days If LESS than	to heve occurred on the date stated above, at _//m.
Sind of work done, as SPINNER, SAWYER, BOKKEPER, etc.  9. Industry or business in which work was done, as SPINNER, Now Mill, BANK, etc.  10. Date deceased lest worked at this occupation (month end year)  12. BIRTHPLACE (city or town)  13. NAME  14. BIRTHPEACE (city or town)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  17. INFORMANT  18. BURIAL, CREMATION, OR REMOVAL Place  18. BURIAL, CREMATION, OR REMOVAL Place  19. UNDERTAKER  (Address)  20. FILED Let 1 4, 1936 }  Date of Injury  Name of operation  Other Contributory Causes of Importance:  11. Total time (years) spant in this occupation  Other Contributory Causes of Importance:  11. Total time (years) spant in this occupation  Other Contributory Causes of Importance:  12. BIRTHPLACE (city or town)  Name of operation  Other Contributory Causes of Importance:  12. BIRTHPLACE (city or town)  Name of operation  Other Contributory Causes of Importance:  12. BIRTHPLACE (city or town)  Name of operation  Other Contributory  Causes of Importance:  12. BIRTHPLACE (city or town)  Name of operation  Name of operation  Name of operation  Other Contributory  Causes of Importance:  12. BIRTHPLACE (city or town)  Name of operation  Other Contributory  Other Contributory  Name of operation  Other Contributory  N			were so follows:
12. BIRTHPLACE (city or town) Union Social State or country)  13. NAME Form Fletcles Skolaw  14. BIRTHPLACE (city or town) Maleyland What test confirmed diagnosis? Wes there an au'opsy?  15. MAIDEN NAME Maleyland State or country)  16. BIRTHPLACE (city or town) Maleyland State of country)  17. INFORMANT Settles Skolaw State or country)  18. BURIAL, CREMATION, OR REMOVAL Manner of injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  19. UNDERTAKER Date Skolaw States or injury in any way related to occupation of deceased?  16. Specify Life of Country or town, country and State or injury  Name of operation Date of injury occurr?  (Specify city or town, country and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Neture of injury  19. UNDERTAKER Of the States of Importance:  12. BIRTHPLACE (city or town) Maleyland State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  18. BURIAL, CREMATION, OR REMOVAL Manner of injury  Place Date Injury  19. UNDERTAKER Of the States of Importance:  24. Was disease or injury in any way related to occupation of deceased?  If so, specify Signed M. D.	8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Mane	Offern
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Other Contributory Causes of Importance:  Other Contributory Other Causes  Other Contributory Other Causes  Other Contributory Other Causes  Other Contributory  Other	- I ma occupation (month ong	spent in this	
13. NAME   14. BIRTHPEACE (city or town)   Maleyland   Name of operation   Date of	7, .	Mospetal	Other Contributory Causes of Importance:
What test confirmed diagnosis? Wes there an au'opsy?  15. MAIDEN NAME Maky four Junefull  16. BIRTHPLACE (city or town) Makyland State of State or country)  17. INFORMANT Jetcher Here an au'opsy?  18. BURIAL, CREMATION, OR REMOVAL  Place Date Date 19 Manner of injury  19. UNDERTAKER And Carlother Manner of injury  (Specify was there an au'opsy?  22. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Specify city or town, country and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Neture of injury  19. UNDERTAKER 24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed) M. D.  More did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, country and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, country and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether Inj	(State or country)	eton marylace	Lexising of rep
What test confirmed diagnosis? Wes there an au'opsy?  15. MAIDEN NAME Maky four Junefull  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT Jetelus Herelan (Address) Barbrille Makyland Pal  18. BURIAL, CREMATION, OR REMOVAL  Place Date  Date  Date  19. UNDERTAKER (Address)  20. FILED Jet 14, 1936 J Brainf Strazer  (Signed)  What test confirmed diagnosis? Wes there an au'opsy?  22. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Accident, suicide, or homicide?  Specify whether Injury occurr?  (Specify city or town, country and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Neture of injury  19. UNDERTAKER (Signed)  M. D.  Was there an au'opsy?  24. Was disease or injury in any way related to occupation of deceased?  (Signed)  M. D.	II 13. NAME John flete	les Relaw	The to the time
What test confirmed diagnosis? Wes there an au'opsy?  15. MAIDEN NAME Maky four Junefull  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT Jetelus Herelan (Address) Barbrille Makyland Pal  18. BURIAL, CREMATION, OR REMOVAL  Place Date  Date  Date  19. UNDERTAKER (Address)  20. FILED Jet 14, 1936 J Brainf Strazer  (Signed)  What test confirmed diagnosis? Wes there an au'opsy?  22. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Accident, suicide, or homicide?  Specify whether Injury occurr?  (Specify city or town, country and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Neture of injury  19. UNDERTAKER (Signed)  M. D.  Was there an au'opsy?  24. Was disease or injury in any way related to occupation of deceased?  (Signed)  M. D.	14 BIRTHPLACE (city or town)	buland	Name of operation
15. MAIDEN NAME Maky fare Surfell  16. BIRTHPLACE (city or town)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  Date  Date	(Stete or country)	V	
Where did injury occur?  17. INFORMANT Selective Her law Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address) Barbrille Manuel PLACE  18. BURIAL, CREMATION, OR REMOVAL  Place Date 19. Whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Neture of injury  19. UNDERTAKER 24. Was disease or injury in any way related to occupation of deceased?  (Address)  16. Specify whether Injury occurr?  Specify whether Injury occurr?  Manner of injury  Neture of injury  (Signed) (Signed) M. D.  M. D.	# 15. MAIDEN NAME Maky	an Tuefelt	
Where did injury occur?  17. INFORMANT Selective Alexander Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address) Barbrille Manuel PA  18. BURIAL, CREMATION, OR REMOVAL  Place Date Note Neture of injury  19. UNDERTAKER Address)  24. Was disease or injury in any way related to occupation of deceased?  (Address)  (Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Neture of injury  (Address)  16 so, specify  (Signed) M. D.  M. D.	0 16. BIRTHPLACE (city or town)	aryland	Accident, suicide, or homicide?, 19, 19, 19
17. INFORMANT All the Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address) Barbrille Manyland RD  18. BURIAL, CREMATION, OR REMOVAL  Place	(State or country)		
18. BURIAL, CREMATION, OR REMOVAL  Place	6 0 00	natulaced RdO	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place Date , 19 Neture of injury  19. UNDERTAKER 24. Was disease or injury in any way related to occupation of deceased?  (Address)  20. FILED Jet 14, 136 J. Braust Srazer (Signed)  (Signed)  (Signed)  (Manual State of injury in any way related to occupation of deceased?  (Signed)  (Signed)  (Manual State of injury in any way related to occupation of deceased?  (Signed)		1	Manner of injury
(Address)  20. FILED Feb 14, 136 & Braus Frazer (Signed) (Signed) M. D	Place	Date, 19	
20. FILED Jet 14, 136 & Braus Frazer (Signed) prob/- 10 gestimuly M. D.			24. Was disease or injury in any way related to occupation of deceased?
20. FILED // 1 1902	70 / -/ 00	2-12-	12-21-712. el -111
Kegistrar. II (AFGIOSS)	20. FILED JUN 14, 1936 \$ 6	Registrar.	(Signed) M. D. (Afdress) M. D. (Afdress)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

ARGIN RESERVED

# STATE OF MARYLAND—CERTIFICATE OF DEATH

County Ceeil	·	Registration Dist. No. 9	2
Village or City Elkton		No. E 149h St., f death occurred in a hospital or instantion, give its NAME instead of street and	
Length of residence in city or town where de	eth occurred yrs mos	sds. How long in U.S. if of foreign birth? ** yrs. m	ios. L.¥ds.
(a) Residence: No.	(Usual place of abode)	St., Ward.  If nonresident give city or town and	State
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Nov. 20 (Month) (Day)	, 193 (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of		22. 1 HEREBY CERTIFY, That I ettended	deceased from
6. DATE OF BIRTH (month, dey, end year) 7. AGE Years Months	Days   1935   Days   If LESS than   1 dey,	to have occurred on the dete steted ebove, et 5 45 m.  The PRINCIPAL CAUSE OF DEATH and releted causes of importance	; death is seld
8. Trede, profession, or perticuler kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	/ O ormin.	were es follows:	Date of onset
9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc		gradel Viver	nor 8-1
O Date deceesed lest worked at this occupation (month and year)	11. Total time (yeers) spant in this occupation	Other Coutributory Causes of importance:	
12. BIRTHPLACE (city or town) Clatter (Stete or country)	and	Other Countries of Importance.	
13. NAME From Smit	L Hitchcock		
13. NAME Some Smit  14. BIRTHPLACE (city or town) Client  (Stete or country)	eton R.D.	Name of operation Date of	
	ma.	What test confirmed diegnosis?	
16. BIRTHPLACE (city or town)	Tond.	23. If deeth wes due to external causes (VIOLENCE) fill in elso the following Accident, suicide, or homicide? Date of Injury Where did injury occur? (Specify city or town, county and Sta	, 19 te)
17. INFORMANT (Address)  18. BURIAL CREMATION, OR REMOVAL	cton, mid	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PL	ACE.
Plece Olhton Ceruit	Oate Most 21 , 1934	Manner of Injury	
19. UNOERTAKER Alla Pappii (Address)	Pin W. N. Pepper	24. Wes disease or injury in any way related to occupation of deceesed?	
20. FILEO /ou 21: , 1934 / 5.	Registrar.	(Signed) Elklon 2m	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	~		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones .	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	ARYLAND—CERTIFICATE OF DEATH	11239
County Cecil	Registration Dist. No.	92
Village or City Near & lpton		St. War
Length of residence in city or town where death occurre	(If death occurred in a hospital or institution, give its NAME instead of	
2. FULL NAME Exerett. O	24 dans	
(a) Residence: No.	St. Ward. Near Elpton, M	~
(Usual	place of abode) If nonresident give city or	
PERSONAL AND STATISTICAL PA		EATH
Male White OR DIV	MARRIED, WIDOWED, ORCED (write tha word)  Annual (Month)  (Day)	, 193 <del>/</del> (Year)
If married, widowed, or divorced HUSBAND of (or) WIFE of Ethel Drumg	22. I HEREBY CERTIFY, That I	ettanded dacaesed fro
DATE OF BIRTH (month, day, end year)	5 1876   I last saw h. La alive on 25	, 19 1 K ; death is sa
AGE Years Months Deys	1 day	
58 1 6 1 2	3   1 day,hrs.   The PRINCIPAL CAUSE OF DEATH and related causas of Import ware as follows:	Detectors
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	to deaks Chrone my readition	-/9-5-
9. Industry or businass in which	The war was lately	135
SAWYER, BOOKKEPER, etc		
10. Date dacaased last worked at this occupation (month and open)	otal time (yaars) spent In this #Oga occupation	
(Stata or country)	Othar Contributory Causes of Importance: Chromic Interstitual nephrita	= may )
13. NAME James Hudson		*******
14. BIRTHPLAGE (city or town)	Name of operation	Date of
(State of country)	What test confirmed diagnosis? Wes	there en autopsy?
15. MAIDEN NAME Matilda to	23. If death was due to axtarnal causes (VIOLENCE) fill in also the	following:
16. BIRTHPLACE (city or town) (Stete or country)	Accidant, suicida, or homicide?	ry, 19
INFORMANT Mas Exhel Del	Whare did Injury occur?  (Specify city or town, count of the count of	y and State) UBLIC PLACE.
BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
Place bringing M. E levely Date A	2ec-/, 1934- Nature of Injury	*****************
UNDERTAKER Joseph R. Fre (Address) north Fash	24. Was disaase or injury In eny way related to occupation of dec	gesed?
FILED More 30, 1934 & Brausi	Traces (Signed) Herbert Bales	M.

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DEC 5 Logs			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

County.  Village or City.  No.  No.  No.  No.  No.  No.  No.  N	SIAIL OF MARYLAND—	CERTIFICATE OF DEATH
Village or City  Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth?  2. FULL NAME  (a) Residence: No.  (Usual place of shock)  PERSONAL AND STATISTICAL PARTICULARS  3. SINCE, MARNETO, WITHOUT STATISTICAL PARTICULARS  3. SEX  THE COLOR OR RACE  (S. SINCE, MARNETO, WITHOUT STATISTICAL PARTICULARS  3. If married, wisbowed, or diverced with sword)  5. If married, wisbowed, or diverced of city will be word of city will be supported to city will be word of city will be supported to country)  12. INFORMANT Contracts of country will be supported to country will be	0000	94
Length of residence in city or town where death occurred	N TI	Registration Dist. No.
Length of residence to city or town where death occurred.  2. FULL NAME  (a) Residence: No.  (b) PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINCE, MARRIED  3. SEX  4. COLOR OR RACE  5. SINCE, MARRIED  6. DATE OF BIRTIE (month, day, and year)  7. AGE  7.		No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. (Usualplace of abodo)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  The profession of particular and service of the word of the profession of particular and service as follows:  5. If married, widowed, or divorced (10) Wife of 100 persons.  6. DATE OF BIRTH (month, day, and year)  7. AGE  7. AGE  7. AGE  8. Trade, profession, or particular size of the word of 1 persons.  8. Trade, profession, or particular size of the word of 1 persons.  8. Trade, profession, or particular size of the word of 1 persons.  9. Industry of business in which six of work does as 5 PiNINER, SAWYER, BOOMKEPER, atc.  10. Date deceased last worked at this occupation (month and year) spent in this occupation.  11. BIRTHPLACE (city or town).  12. BIRTHPLACE (city or town).  13. AMARE  14. BIRTHPLACE (city or town).  15. MaiDEN NAME  16. BIRTHPLACE (city or town).  17. INFORMANT  18. BURIAL CREMATION, QR REMOVAL M. S. Calcular place of injury.  19. UNDERTAKER  (Address)		
(Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SINCLE Markerse, Proposed OR POINTED (which the word)  Sa. If married, widowed, or divorced (Month)  (Wonth)	2. FULL NAME Saley Felin	
(Usual place of abodo)  PERSONAL AND STATISTICAL PARTICULARS  S. SEX  4. COLOR OR RACE  S. SINCLE Marketon Provided (which the word)  Sa. If married, wildowed, or divorced (Warrier the word)  Sa. If married, wildowed, or divorced (Warrier the word)  Sa. If married, wildowed, or divorced (Warrier the word)  Sa. If married, wildowed, or divorced (Warrier the word)  Sa. If married, wildowed, or divorced (Warrier the word)  Sa. If married, wildowed, or divorced (Warrier the word)  Sa. If married, wildowed, or divorced (Warrier the word)  Sa. If married, wildowed, or divorced (Warrier the word)  Sa. If married, wildowed, or divorced (Warrier the word)  Sa. If married, wildowed, or divorced (Warrier the word)  Sa. Trade, profession, or particular (about the data stated above, at	(a) Residence: No.	St., Ward.
3. SEX  4. COLOR OR RACE  S. SINGLE, MARKIED, WIDOWNO, OR DEATH  S. SINGLE, MARKIED, WIDOWNO, OR DEATH  S. SINGLE, MARKIED, WIDOWNO, OR REMOVAL  S. SINGLE, MARK	(Usual place of abode)	
Sa. If married, wildowed, or divorced HUSBAND (Wall HUSBAND) (Pear)  22. I HER EBY CERT IFY, That I attended dacessed from the Ward (Park Husband) (Park Hus		MEDICAL CERTIFICATE OF DEATH
5. If married, wildowed, or divorced HUSBAND of Corp WiFe	male white PronceD (write the word)	nov 26 1934
6. DATE OF BIRTH (month, day, and year)  7. AGE  7. AGE  7. AGE  7. AGE  8. Trade, profession, or particular kind of work done, as SPINNER, SANYER, BOOKKEEPER, atc.  9. Industry or businass in which work was done, as SPINNER, SANYER, BOOKKEEPER, atc.  11. Total time (years) the occupation (month and year)  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (State or country)  18. BURNAL, OBEMATION, OR REMOVAL  19. Date  19	5a. If married, widowed, or divorced HUSBAND of	
6. DATE OF BIRTH (month, day, and year) 100. 26 134;  7. AGE Years Months Days If LESS than I day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:  8. Trade, profession, or particular kind of work dome, as SPINNER, SAPYER, BOOKKEPER, atc.  9. Industry or business it which work was done, as SILK MILL, work as a supportance ware as follows:  12. BIRTHPLACE (city or town)	(or) WIFE of	
Trade, profession, or particular land of work done as SPINNER, SAWYER, BOOKKEPPER, atc.  9. Industry or business in which work was done as SILK MILL. SAW MILL, BARK, atc.  11. Total time (years) spent in this occupation (month and year)  (State or country)  12. BIRTHPLACE (city or town).  (State or country)  13. NAME  14. BIRTHPLACE (city or town).  (State or country)  15. Industry Causes of importance:  What test confirmed diagnosis?  Date of injury.  Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Mannaer of injury.  Namer of injury.  Namer of operation.  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Mannaer of injury.  Nature of injury in any way related to occupation of deceased?  (1f so, specify.)	S DATE OF BIRTH (most) do	
1 day, hrs. of min.  8. Trade, profession, or particular kind of work done, as \$PINNER, SAMYER, BOOKEPER, atc.  9. Industry or businass in which work was done, as \$SIN MILL. SAW MILL. BANK, atc.  10. Date deceased last worked at this occupation (month and year) spont in this occupation (month and year).  12. BIRTHPLACE (city or town). Results and this occupation.  (State or country)  13. NAME  14. BIRTHPLACE (city or town). Results and the following:  15. MAIDEN NAME  16. BIRTHPLACE (city or town). Results and the following:  17. INFORMANT. Accident, suicide, or homicide? Date of Injury.  17. INFORMANT. Accident, suicide, or homicide?  18. BURNAL, GREMATION, OR REMOVAL M. C. C. L. C.		
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOKKEPER, atc.  9. Industry or businass in which work was done, as SPINK MILL, SAW MILL, BANK, atc.  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  18. BURIAL, CREMATION, OR REMOVAL  19. UNDERTAKER  (Address)	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importanca
kind of work dome, as SPINNER, SAWYER, BOKKEPER, atc.  9. Industry or businass in which work was done, as SPILK MILL. SAW MILL, BANK, atc.  10. Date deceased last worked at this occupation (month and year)  (State or country)  11. BIRTHPLACE (city or town) (State or country)  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (State or country)  17. INFORMANT (State or country)  18. BURIAL, GREMATION, OR REMOVAL M. S. Causaling Place Letter  19. UNDERTAKER (Address)  19.	8 Trade profession or particular	ware as follows:
Date of injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.    Superior occupation of deceased?	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	Present Booth
Date of injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.    Superior occupation of deceased?	9. Industry or business in which	(6 mas)
Date of injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.    Superior occupation of deceased?	SAW MILL, BANK, atc.	
12. BIRTHPLACE (city or town)  (Stata or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  (Address)  19. UNDERTAKER  (Address)  (State or country)  Other Contributory Causes of importance:  Other Contributory Causes	Shall Ill fills	
(State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL  18. Date  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  10. State or country  10. UNDERTAKER (Address)  10. UNDERTAKER (Address)  11. ON AME  12. A CALL  13. NAME  Name of operation  What test confirmed diagnosis?  Was there an autopsy?  23. If daath was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Date of injury  Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Mannar of injury  Nature of injury  Nature of injury  19. UNDERTAKER (Address)  11. So, specify  12. Was disease or injury in any way related to occupation of deceased?  12. If so, specify  (Signed)	year) occupation occupation	Othar Contributory Causes of importance:
13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CDEMATION, OR REMOVAL  (Address)  19. UNDERTAKER  (Address)		
What test confirmed diagnosis? Was there an autopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  Where did injury occur?  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  Place  Accident, suicide, or homicide?  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  Mannar of injury  Nature of injury  19. UNDERTAKER  (Address)  15. o, specify  (Signed)	1 10	
What test confirmed diagnosis? Was there an autopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  Where did injury occur?  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  Place  Accident, suicide, or homicide?  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  Mannar of injury  Nature of injury  19. UNDERTAKER  (Address)  15. o, specify  (Signed)	15. NAME STATES	
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Date  Date  Date  Masthera an autopsy?  23. If daath was due to extarnal causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?  Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Mannar of injury  Nature of injury  19. UNDERTAKER  (Address)  16. So, specify  17. Was disease or injury in any way related to occupation of deceased?  17. Informant  (Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Mannar of injury  Nature of injury  19. UNDERTAKER  (Address)  16. So, specify  (Signed)	14. BIRTHPLACE (city or town)	
Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAL M & Caraclary Place Latte Count Mill: Date 1 20 , 19 24  Nature of injury  19. UNDERTAKER CARACLARY (Address)  16. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Mannar of injury  Nature of injury  19. UNDERTAKER CARACLARY (Address)  16. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Mannar of injury  Nature of injury  19. UNDERTAKER CARACLARY (Address)  16. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAL M & Caraclary  Nature of injury  19. UNDERTAKER CARACLARY (Address)  19. UNDERTAKER CARACLARY (Address)  19. UNDERTAKER CARACLARY (Address)  19. UNDERTAKER CARACLARY (Address)		
Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAL M & Caraclary Place Latte Count Mill: Date 1 20 , 19 24  Nature of injury  19. UNDERTAKER CARACLARY (Address)  16. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Mannar of injury  Nature of injury  19. UNDERTAKER CARACLARY (Address)  16. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Mannar of injury  Nature of injury  19. UNDERTAKER CARACLARY (Address)  16. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAL M & Caraclary  Nature of injury  19. UNDERTAKER CARACLARY (Address)  19. UNDERTAKER CARACLARY (Address)  19. UNDERTAKER CARACLARY (Address)  19. UNDERTAKER CARACLARY (Address)	IS, MAIDEN NAME STATES	
17. INFORMANT Specify city or town, county and State)  18. BURIAL, CREMATION, OR REMOVAL MES. Cercelary Place Lette Gart Med. Date 1 40 , 19 4	State or country)	
17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL M. 6. Cercelary  Place Certer Med. Date / - \$\frac{1}{2}\to 0.19 \frac{3}{2}\to 1.19 \	7 10:0	(Specify city or town county and State)
Placolcattle Eart Mick: Date // - \$\frac{19}{40}\$ Nature of injury  19. UNDERTAKER Society R. Frank (Address) If so, specify (Signed)		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
19. UNDERTAKER Sough R. Frank  24. Was disease or injury in any way related to occupation of deceased?  (Address)  If so, specify  (Signed)	1. 2 8 2 11.1 11-70	Mannar of injury
(Address) If so, specify (Signed)	Placeratite our men Date / 19-14	Nature of injury
1/- 2/1-3/1 le l'(())	19. UNDERTAKER Doseph R. Frank	24. Was disease or injury in any way related to occupation of deceased?
osuro //- 17/- 14/- 4/- 4/- 1/5. (/) 10 (Signed) (Signed)	(Address) ( hyth East Md	If so, specify
20. FILED // N.T., 19 VIII	20. FILED // - 30-34, 19 Gro W. Que us	(Signed) M.D.
Registrar. (Address) Result Cast M. S. No. 1.  If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage Peritonitis Julu 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FU	RTHER STATEMENTS	BY	PHYSICIAL	V
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1. PLACE OF DEATH	95-8)
County Decy	Registration Dist. No.
Village or City levy out	No. Veterans adm Facilityst, Wa
Length of residence in city or fewn where death occurred 3 yrs mo	If death occurred in a horpital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?
2. FULL NAME Wilbur F. Libber	
(a) Residence: No. U. S. Veterans' administration Facility.	St. Ward. Pevry Print . Cocil County Marrely d
(Usual place of abode)	St., Ward. Levry Point, Cecil County, Mandond . If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH ) ovember // 193 4/ (Month) (Dey) (Year)
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended decaased fr
6. DATE OF BIRTH (month, day, and year) Cepril 10, 1885	I last saw h alive on 19; death Is si
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at 3
49 7 1 1 day,hrs	mare as follows:
8. Trade, profession, or particular kind of work done, as SPINNER	Not a patient is employed as head waites in Ribbian.
kind of work done, as SPINNER, head water SAWYER, BOOKKEEPER, atc. Sundustry or business in which	probably aculy detatation
kind of work done, as SPINNER, head water SAWYER, BOOKKEEPER, atc.  SAWYER, BOOKKEEPER, atc.  SAW MILL, BOOKEEPER, atc.  Ritches  SAW MILL, BANK, atc.  11. Total time (years)  This prograption (most) and	of heart
10. Date deceased lest worked at this occupation (month and nov) 34 11. Total time (years) spent in this	Infat physical I promination 1/22 / 1934: Magatine.
year) spent in this 3 occupation grant occupation 34	Other Contributary Causes of importance:
12. BIRTHPLACE (city or town) Pittsburgh	in bed, was suddens no signs of
(Stata or country)	- distress Questo
13. NAME feelenous	, sile 24.
14. BIRTHPLACE (city or town)	Nama of operation
(State of country)	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME MURICIPAL 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town)  (Stete or couplry)	Accident, suicide, or homicide? Date of injury, 19
(Siele of evening)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Last Liberty of Mor, 14,1934	Natura of injury
19. UNDERTAKER Learn albury Son .	24. Was disaese or injury in eny way related to occupation of deceased? No
(Address) Slaved frage, rud,	If so, specify
20. FILED // 1/2 19 34 / L. J. Sanders	(Signed) J. William Trager, toroney
Registrar.	(Addrass)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

IARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11232
1. PLACE OF DEATH	942
County Cicil	Registration Dist. No. 24
Village or City Charlestown	No. St. Ward
(If  Length of residence In city or town where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FILL NAME William Rich - da	<b>Y</b>
TO THE WAR TO THE TOTAL THE TOTAL TO THE TOTAL THE TOTAL TO THE TOTAL THE TOTAL TO THE TOTAL TOT	on Rogan
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX A. COLOR OR RACE OR DIVORCED (write the word)  That  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH NOV 1 1934
58. If married, widowad, or divorced Ethel Logar (or) WIFE of	(Month) (Day) (Yaar)  22. HEREBY CERTIFY, That I attanded daceased from
6. DATE OF BIRTH (month, day, and year) Que 24 1881	last saw h elive on Nov 19 34 Goods le said
7. AGE Yaars Months Days If LESS than	to have occurred on the data stated above, at 11 Pm.
5-3 2 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
Trade profession or portionles	ware as follows:
SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Date decaased last worked etc.  11. Totel time (yaars) 4 speak in this occuration much end	Caranary Cambalian 9/1/2
9. Industry or business in which work was dona, as SILK MILL,	A Mark
SAW MILL, BANK, etc	
this occupation (month end spent in this year)	
12. BIRTHPLACE (city or town) Charlestown (Stata or country) Many Land	Other Contributery Causes of Importance:
E / CP / C	
14. BIRTHPLACE (city or town)	Nama of operation
	What tast confirmed diagnosis?
	23. If death was dua to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) Charles Course  (State or country)	Accidant, suicide, or homicida? Date of injury
17. INFORMANT Mrs. William R Logan, (Address) Charlestown & Mad	Whare did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PLOS Place Lastestown Date New 4, 19.34	Manner of injury
19. UNDERTAKER H. W. Pitpier (Address) Election mid	24. Was disease or injury in any way related to occupetion of dacased?
20. FILED KN 3 ., 1934 Geold. Oevers Registrar.	(Signad) Helley A. M. D.  (Addrass) Narch East, Ind.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I Example II The principal cause of death and related causes | Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

STATE OF MARTLAND—CERTIFICATE OF DEATH	STATE OF	MARYLAND-CERTIFICATE OF DEA	TH: 1123
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1. PLACE OF DEATH		
County Cecil	Registration Dist. No. 92	
Village or City Elkton Md.	No. 217 West Main. St., If death occurred in a hospital or institution, give its NAME instead of street and no	Ward
Length of residence in city or town where death occurred 53 yrs	sds. How long in U.S. if of foreign birth?yrsmos	umber)
2. FULL NAME William B. Merry		
(a) Residence: No. 217 West Main. (Usual place of abode)	St., Ward.  If nonresident give city or town and S	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED, OR DLYORCED (write the word)  5a. If married, widowed, or divorced	21. DATE OF DEATH  November 11th  (Month) (Day)	193 44 (Year)
HUSBAND of Corne S. Trendy	22. I HEREBY CERTIFY. That I attended of april 9th, 1931, to November 1	leceased from
6. DATE OF BIRTH (month, day, and year) 25/1870 7. AGE Years Months Devs If LESS than	Hast sawhi Me elive on Nove mber 11 ,19 34	; death is said
/ 2 I day hrs	to have occurred on the date stated above, at	
8 Trade profession or particular	were as tollows:	Date of onset
o kind of work done, as SPINNER, Augustant	Diabetes Mellitus	1929.
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.		·-/
10. Date deceased last worked at this occupetion (month and year) spent in this occupetion 40		~~~~~
12. BIRTHPLACE (city or town) Clatton P.D.	Dther Contributory Causes of Importance:	
(State or country)  (State or country)  (State or country)  (A)  (State or country)  (A)  (State or country)  (A)  (State or country)	Coronary Thrombus (acute)	11-10-34
14. BIRTHPLACE (city or town)	Name of operation Date of	
C (State or country)	Whet test confirmed diagnosis? Was there an au	ropsy?
15. MAIDEN NAME Sarah L Rutter	23. If death wes due to external ceuses (VIOLENCE) fill in also the following:	CONTRACTOR OF THE PARTY OF THE
16. BIRTHPLACE (city or town) Claston B. D.	Accident, suicide, or homicide? Date of Injury	, 19
(State or country) Circle Co, Med	Where did injury occur? (Specify city or town, county and State	)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLA	CE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Clotan Censory Date Mar. 14, 1924	Nature of injury	
19. UNDERTAKER N. W. Poppin Par W. M. Poppin (Addiess)	24. Was disease or injury in any way related to occupation of deceased?	No.
20. FILED had 14, 18st Baus 1 Frages	(Signed) Kassace m Johnson	M. D.
Registrar.	(Address) Rew Park Dec	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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The principal cause of death and related causes of importance were as follows:  Arteriosclerosis  Chronic interstitial nephritis  Cerebral hemorrhage  July 5.	of importance were as follows:  Attack of epilepsy 1 week a
Chronic interstitial nephritis 192	
	Run over by street car 1 week a
Carebral hamorrhage	
Cereoral hemorrhage	1927 Peritonitis 3 days ag
DEC 5. 1634	
Other contributory causes of importance:	Other contributory causes of importance:
Gallstones May 1,	1923 Gastroenteritis 1 year

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	
County Cee ?	Registration Dist. No. 92
Village or City new Sexton	No. St. Ward
(1)	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town whara daath occurredyrsmos	ds. How long in U.S. if of foreign birth?
2. FULL NAME There are the second	pickel.
(a) Residence: No. (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	Nor 29 1934
5a. If marriad, widowad, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
7, 30 0	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, and year)	I last saw h; death is said
7. AGE Years Months Oays If LESS than 1 day, O hrs.	to have occurred on the date stated above, atm,
or or omin.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER,	1.1.16
SAWYER, BOOKKEEPER, atc.	10 col
work was done, as SILK MILL, SAW MILL, BANK, etc.	
No lade, profassing, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date dacaasad last worked at this occupation (month and spent in this	
year) occupation	Oha Caralla Caralla Anna Anna Anna Anna Anna Anna Anna
12. BIRTHPLACE (city or town) Ceeif and	Other Contributory Causes of Importance:
(State or country)	
13. NAME Wilbu D Makel	
13. NAME Clibu & Makel  14. BIRTHPLACE (city or town)	Name of operation Date of
(State of Country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME alice Hall	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accidant, suicida, or homicide? Date of injury, 19
State or country)	Whara did injury occur? (Specify city or town, county and State)
17. INFORMANT Le ilbru Mercel	Spacify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Elle- 1	
18. BURIAL, CREMATION, OR REMOVAL Place The Date 19	Mannar of Injury
Pa. 10	Nature of injury.
19. UNOERTAKER	24. Was disaasa or injury In any way related to occupation of daceasad?.
(Address)	If so, specify
20. FILEO MIN 30, 1934 f Frances France	(Signed) M. D.
Registrar.	(Ardress)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Blacky, s.			
Other contributory causes of importance:	3	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE	OF	MARYLAND—CERTIFICATE OF DEATH	11235
EATH		(2.3)	

1. PLACE OF DEATH	- MARTEAND	(2.3)
County County		Registration Dist, No.
Village or City New Comments of residence in city or town where co	Ole when	NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Y any	P 2-22	
(a) Residence: No.		St. Ward.
(a) Residence. No.	(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATIST	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Yeer)
5a. If married, widowed, or divorced HUSBAND of		
(or) WIFE of Mary	Logaw.	22. I HEREBY CERTIFY, That I attended deceased from 1984
6. DATE OF BIRTH (month, day, and year)	w991877	I lest sew harmanive on 1927; death is said
7. AGE Yeers Months	Deys If LESS then I dey,hrs.	to heve occurred on the dete stated above, et_/m.
3/12	ormin.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of Importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	abover	( full many
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc  10. Dete deceesed last worked et		Tuberculones
10. Dete deceesed last worked et this occupation (month and year)	11. Total time (yeers) spant in this occupation	
12. BIRTHPLACE (city or town) Lear / Care (State or country)	Bring Sun	Other Coutributory Causes of Importance:
II I3. NAME	W Raizan	
13. NAME  14. BIRTHPLACE (city or town)	wine Plus	Name of operation
(State or country)	/ sad i	What test confirmed diagnosis?
15. MAIDEN NAME	rah Green	23. If death wes due to external ceuses (VIOL ENCE) fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (Stete or country)	pa	Accident, suicide, or homicide?
17. INFORMANT Pussell (Address)	Pagang	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Par Dev 10, 193 &	Manner of Injury
19. UNDERTAKER . G. Jysen (Address)	y And	24. Wes disease or injury in eny wey releted to occupetion of deceased?
20. FILED MY 8 1954	hington Registrar.	(Signed) M.O. (Address)
fresur 11- 19 more	blanks afferda address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
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Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	4	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

B. ż state

infor-

should of OCC	County_5	near Gity abo	and	boat.	on Su
RD. Every IYSICIANS statement	2. FULL N	AME	r town where de	J Ruy	1 mol
P.F.	PERSO	NAL AND	STATISTIC	CAL PARTI	CULARS
~ ~	3. SEX	4. COLOR O	R RACE		RIED, WIDOWED D (write the word)
MANE A C T assifie	5a. if marriad, wid HUSBAND of (or) WIFE of		Ewine	Reny	nolds
EX EX y cl	6. DATE OF BIRT	H (month, day, and	d year) Oc	ch 11,	1874
IS A PE stated E properly certificate	7. AGE	Go	Months /	Days /-3	If LESS than 1 day,
INK—THIS I  Should be s  t it may be p  on back of ce	SAWY  9. Industry of work of SAW I	ofassion, or particular work done, as SER, BODKKEEPER, or business III white was done, as SILK WILL, BANK, etc	PINNER, atc		and

12. BIRTHPLACE (city or town (State or country)

15. MAIDEN NAME

(Address)

(Address)

19. UNDERTAKER

14. BIRTHPLACE (city or town) (State or country)

16. BIRTHPLACE (city or town)

18. BURIAL, CREMATION, OR REMOVAL

(State or country)

FATHER

MOTHER

1. PLACE OF DEATH

STATE OF MARYLAND—CERTIFICATE OF DEATH 11236

St., Ward.  If nonresident give city or  MEDICAL CERTIFICATE OF DE  21. DATE OF DEATH  (Month)  (Day)  22.  I HEREBY CERTIFY. Thet i  19. , to.  I last saw h. alive on  to hava occurred on the date stated above, at Ill. I a.m.  The PRINCIPAL CAUSE OF DEATH end ralated causes of importativere es follows:  Probably acute dilatative  of heads.	ettended decessed from 19; death is seid
MEDICAL CERTIFICATE OF DE  21. DATE OF DEATH  (Month)  (Day)  22. I HEREBY CERTIFY. Thet i  1 last saw h alive on to hava occurred on the date stated above, at 1/1/1 A.m. The PRINCIPAL CAUSE OF DEATH end ralated causes of Importativere es follows:  Probably acute dilatative.	ettended decessed from 19; death is seid
21. DATE OF DEATH  (Month)  (Day)  22. I HEREBY CERTIFY. Thet i  19. to  1 last saw h	ettended decessed from 19; death is seid
(Month) (Day)  22. I HEREBY CERTIFY. Thet i	ettended deceesed from
to have occurred on the date stated above, at //// &am.  The PRINCIPAL CAUSE OF DEATH end raiated causes of importa were es follows:  Probably acute dilatature	19; death is seid
to have occurred on the date stated above, at 1/1/5 am. The PRINCIPAL CAUSE OF DEATH end raisted causes of Importativere es follows:  Probably acute dilatative	19; death is seid
to have occurred on the date stated above, at 1/2/5 de.m. The PRINCIPAL CAUSE OF DEATH end related causes of Importa were es follows:  Arubably acute dilatative	
The PRINCIPAL CAUSE OF DEATH end raiated causes of importation were es follows:  Arubably acute dilatation	nce
probably acut dilatation	nce
100	10.4
of healt no further informate	Date of one of
	2. 9090
(sudden death while due hunting)	k
Other Contributory Causes of Importanca:	
In august, 1934, he was injured in an auto	molile accio
dent & Cost stoney recovered. Trion history	y revent-
Neme of operation	Dete of
What tast confirmed diagnosis? Was t	
23. If death was due to external causes (VIDL ENCE) fill in elso tha	
Accident, sulcide, or homicide? Date of injury	
Where did injury occur?	
(Specify city or town, county Specify whether Injury occurred in INDUSTRY, in HOME, or in PU	and State) BLIC PLACE.
Manner of injury	
Natura of Injury	
, , , , , , , , , , , , , , , , , , , ,	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

If LESS than 1 day, ..... hi or\_\_\_\_min.

med

Registrar.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis Mau 1.1923 1 year

V. S. No. 1

1. PLACE OF DEATH  County Could Maryland  Village or City Leleton Maryland	Registration Dist. No.  Registration Dist. No.  No Market St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)  St., Ward.  Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED ("word the word)  Scripte	21. DATE OF DEATH Jovensey 17 193 4 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  Name of Division of the state of t	22.   HEREBY CERTIFY, That I attended deceased from 1934, to 1,1934.
6. DATE OF BIRTH (month, day, and year) / Drueman / 1979 7  7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  1D. Date deceased last worked at this occupation (month and year)  11. Total time (years) spant in this occupation.	2 mo gestation Performed in Chester Q.
12. BIRTHPLACE (city or town) lengon Haspital (State or country) allton Maryland	Other Contributory Causes of Importance:
13. NAME Vernon Mearage 1  14. BIRTHPLACE (city or town). Maryland (State or country)	Name of operation Uncertainty Date of 173% What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Gace Reference Relateon  16. BIRTHPLACE (city or town) Malysaud  (State or country)  17. INFORMANT Gace Alchardson  (Address)	23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place at 17 arker Date Move 17, 1934	Manner of Injury
19. UNDERTAKER 10. (Address)  20. FILED DOWN, 1934 & Frauer Frager.  Registrar.	24. Was disease or injury in any way related to occupation of decessed?  If so, specify  (Signed)  (Address)  (Address)  (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting D. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	99	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
DEC 5 1921 1			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

## STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH		(131)	
County Cecil	AVAROSED BUILDING	Registration Dist. No. 9	
Village or City Ellow	Union Hospila	el No.	Ward
		f death occurred in a horpital or institution, give its NAME instead of street and r	umber)
Length of residence in city or town where d	eath occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmo	)\$ds.
2. FULL NAME Occit	Slaughter		
(a) Residence: No. (ecu	(Usual place of abode)	St., Ward.  If nonresident give city or town and	State
PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Dey)	, 193 (4 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	downed of	22. HEREBY CERTIFY, Thet I attended	deceased from
6. DATE OF BIRTH (month, day, and year) 2	w 20 1851	I last saw h Line alive on BCT 31, 1934	, 19ユゲ :; deeth Is sald
7. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, ata.m.  The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:	
8. Trade, profession, or particular kind of work done, as SPINNER, 2, SAWYER, BDDKKEEPER, etc		Cardiovascula renal discore	Data of onset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased lest worked at this securation (month end			
0 10. Date deceased lest worked at this occupation (month end year)	11. Total time (years) spant in this occupation		
12. BIRTHPLACE (city or town) (State or country)	y land	Dither Contributory Causes of Importance:	10/24
TI 13. NAME			
13. NAME 14. BIRTHPLACE (city or town) (State or country)		Name of operation Date of What test confirmed diagnosis? Was there an a	utoney?
15. MAIDEN NAME	20	23. If death was due to external causes (VIOLENCE) fill in also the following	
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	13	Accident, sulcide, or homicide? Date of Injury	
17. INFORMANT I TOO fital (Address) Elkton, 2	cont	Where did injury occur?  (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL/	e) ACE.
18. BURIAL, CREMATION, OR REMOVAL Plece Crushy Cerustry	Date 200 5 1934	Menner of Injury	
19. UNDERTAKER TH. W. Pie (Address) Elfston	nij	24. Was disease or injury in any way related to occupation of deceased?  If so, specify	
20. FILED 1005 - , 1934 43	Frank Frances Registrar.	(Signed) Milford H. Sprocher (Address) S. Isla Md.	M. D

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH

LION

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—

STATE OF MARTLAND	CERTIFICATE OF BEATT	240
1. PLACE OF DEATH	(PGE)	
County Cecit	Registration Dist. No. 72	
	NoSt.,	
Length of residence in city or town where death occurredyrsmos	yis. now long til 0.3. il of foleign bittiryisyis.	
2. FULL NAME Y Vary Shomas.		
(a) Residence: No. 2062North (Usual place of abode)	St., Ward.  If nonresident give city or town and St	late 9.*
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	11
7. SEX  4. COLOR OR RACE  OR DIVORCED (write the word)  Single, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	193 3 4 (Year)
5e. II married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended de	
E DATE OF BIBTH (month day and year) Sept 10 1855	I last saw h alive on	
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at	
79 2 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance	<u> </u>
8 Trade profession or particular		Date of onset
kind of work dona, es SPINNER, at Itome SAWYER, BOOKKEEPER, atc.	Chronie Bronchitis	
kind of work dona, as SPINNER, At Three SAWYER, BOOKKEEPER, atc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		
10. Date daceased last worked at this occupetion (month and year)		
12. BIRTHPLACE (city or town) Elkton (State or country) Many Cand	Other Contributory Causes of Importance:  My as anderal factures aut.	11/11
13. NAME I ohn Thomas		
13. NAME The Thomas  14. BIRTHPLACE (city or town) Election & B  (State or country) Many Land	Name of oparation Dete of	
(State or country) May land	What test confirmed diagnosis? Was there an au	opsy?
15. MAIDEN NAME Matilda Jones	23. II death was due to external causes (VIOL ENCE) fill In also the following:	
15. MAIDEN NAME Matilda torres  16. BIRTHPLACE (city or town)  (State or country)	Accidant, suicida, or homicide? Date of Injury, 19	
E (Stata or country) May Card	Where did injury occur?(Specify city or town, county and State)	
17. INFORMANT My Idward Carter (Address) Eletter may land	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE	E.
18. BURIAL, CREMATION, OR REMOVAL Place Extron Country Date For \$5, 1939	Mannar of injury	
19. UNDERTAKER TERTON TURING LAND	24. Was disease or injury In any way related to occupation of deceased?	
20. FILED Mod 14, 1934 Amaril Baral Registrat.	(Signed) Na Sond A. Solcher (Address) S. J. M. M. M.	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MADVI AND CEPTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
THE CHARLES			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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ARGIN

V. S. No. 1

N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u> </u>
County Clay	Registration Dist. No. 92
Village or City Celeton Marylan	No. Union Vaspelal St., Ward
	If death occurred in a hospital or institution, give its WAME instead of street and number)  sds. How long in U.S. If of foreign birth?yrsmos,ds.
2. FULL NAME	Valleck
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Suegle:	21. DATE OF DEATH Jovember 16, 193 4 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Marca how 16-1954	I last saw h death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to heve occurred on the date stated above, at 10 Pm.
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Millom
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased lest worked at this occupation (month and specific properties)  11. Total time (years) specific this	The state of the s
SAW MILL, BANK, etc	I m on the fretus
O 10. Date deceased lest worked at this occupation (month end year) spant in this year)	
12. BIRTHPLACE (city or town). Usergon Abrefilal	Other Contributory Causes of Importance:
(State or country) Welton Maryland	
II 13. NAME Calvin Walbeak	
14. BIRTHPLACE (city or town). Mary land	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an au'opsy?
16. BIRTHPLACE (city or town) Maly such	23. If death was due to external causes (VIOLENCE) fill in also the following:
[ 16. BIRTHPLACE (city or town) Maryland	Accident, suicide, or homicide? Date of injury, 19
State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Welew Walbeck (Address) Chesapeake Otto Suc	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	/ Manner of Injury
Place 1000 Ce and Dete 100. 11, 1939	Nature of injury.
19. UNDERTAKER - 2000 CE	24. Was disease or injury In any way related to occupation of deceased?
(Address)	If so, specify
20. FILED 17 , 1934 F. January Registrar.	(Signed) See, work at M.D.  (Andress) Chesopeche lef me
If more blanks are needed, address Stale Registrar	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Other contributory causes of importance.			
Gallstones	May 1,1923	Gastraenteritis	1 year

STATE O	F MARYLAND-	CERTIFICATE	OF DEATH

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	24211
County Coul	Registration Dist. No.
Village or City Dan Colora Md.	No. St Ward
Landb of culture to discuss to the culture of the c	death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME / Long Wharlon	
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
0.000	
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED Gwrite the word)	21. DATE OF DEATH
male Colored married	(Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended daceesed from
(or) WIFE of Frances Wharten	7
6. DATE OF BIRTH (month, day, and year) Nov 25- 1869	I lest saw h sur eliva on row 193 7 death is said
7. AGE A Years Months Days If LESS then	to have occurred on the date stated above, et
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance
Trade profession or particular	were esfollows:
8. Trede, profession, or particuler kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, atc.  10. Dato decessed last worked at this occur	Can Fra a And
3. Industry or business In which	No No No
work was done, as SILK MILL, SAW MILL, BANK, atc	00
11. Total tima (years) this occurrence (month end) spent in this	Chronic myscondilis, Duration into
year) 14.5.1. 4.3 4 occupation 4.0	and a gulf of
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importanca:
(State or country)	
13. NAME Thomas Whatter.	
13. NAME Thomas Whatton.  14. BIRTHPLACE (city or town) Treamburghe.	Name of operation Date of
(State or country)	What test confirmed diegnosis?
15. MAIDEN NAME	23. If daath wes due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
Stata or country)	Where did Injury occur?
To Our la-cater	(Specify city or town, county and State)
17. INFDRMANT Avanus y war on	Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL CREMATION, DR REMOVAL	Manner of Injury
Place of Gran Md Date Day 13, 1934	Nature of Injury

(Address)

(Signed)

24. Was disease or Injury In any wey related to occupation of deceased?

LRegistrar. Ged Address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
8/10/-				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATI	EMENTS BY PHYSICIA	N
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V. S. No. 1	. BWR
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V. S. No. 1

TION is very important. See instructions on back of certificate.

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ARGIN RESERVED FOR BINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.
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	-WRITE PLAINLY, WITH UNFADI mation should be carefully supplied. CAUSE OF DEATH in plain terms, so
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STATE OF MARYLAND—CERTIFICATE C	OF	DFAT
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1. PLAC	E OF DE	ATH			(1)
Count	y Ceci	1			Registration Dist. No. 93
	e or City Ch		death occurred	(li yrsmos	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? yrs. mos. ds.
March Control		Geo. Wash			J. C.
	esidence: No.		(Usual place		St., Ward.  If nonresident give city or town and State
PER	SONAL A	ND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX male		or or race ack		tRIED, WIDOWED, D (write the word)	21. DATE OF DEATH  November 21 , 1934 (Year)
5e. If merried, HUSBANI (or) WIFI		vorced			22. I HEREBY CERTIFY, That I attended deceased from October 26 , 19 52, to November 21 1934
6. DATE OF B	IRTH (month, d	ay, end year) Au	gust 16.	1857	i last saw h. imalive on _ November 10, 19.34 _; death is said
7. AGE	Yaars 77	Months 3	Days 4	If LESS then 1 day,hrs. ormin.	to have occurred on the date stated above, at 2.45P m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, atc		upation	Senility: Impossible to name some definite disease covering death. Career about 4 yrs.  Other Contributory Causes of Importance:		
13. NAME James Williams  14. BIRTHPLACE (city or town) Unknown (State or country)			known	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	Nama of operation Date of  What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Unknown  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT V. H. McKnight			".		23. If deeth was due to external causes (VIOLENCE) fill in also tha following:  Accident, suicide, or homicide?
(Address) Elkton, Md.  18. BURIAL, CREMATION, OR REMOVAL  Plece Cedar Hill Cem, Date Nov. 24, 1934				24 ,1934	Mennar of injury Natura of injury
19. UNDERTAKER H. W. Pippin (Address) Elkton, Md.  20. FILED Nov. 24. 19 34. C. S. Grant					24. Was disease or injury In any wey related to occupation of deceased?  If so, spacify
				Registrar.	(Addrass) alklan-1000,

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Example 1		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
		BURRADA		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	